

PART B - FEE(S) TRANSMITTAL

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7500

03/09/2006

Gunnar G. Leinberg, Esq.
 NIXON PEABODY LLP
 Clinton Square
 P.O. Box 31051
 Rochester, NY 14603

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09-759,913	01/12/2001	David P. Biss	17A/60930	2814

TITLE OF INVENTION: APPARATUS FOR PRODUCTION OF AN INHOMOGENEOUSLY POLARIZED OPTICAL BEAM FOR USE IN ILLUMINATION AND A METHOD THEREOF

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$360	\$0	\$1700	11/09/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SHAFFER, RICKY D		2872	359-487000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev 03-02, or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon Peabody LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

University of Rochester

Rochester, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted.

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1138. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Gunnar G. Leinberg
 Typed or printed name Gunnar G. Leinberg

Date Nov. 8, 2006
 Registration No. 35,584

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